## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9400005927 (8)
1. Corporation Name

DR. A. JEFFREY STULL PASTORAL COUNSELING MINISTA
LES, INC. New Hope Courseling, Inc.

Principal Place of Business

Mailing Addres



| 12158 SOUTHWEST 51 COURT<br>COOPER CITY FL 33330 |  | 12158 SOUTHWEST 51 COURT<br>COOPER CITY FL 33330 |                    |                   |   |                                       |                                |               |
|--|--|--|--------------------|-------------------|---|---------------------------------------|--------------------------------|---------------|
|  |  |  |                    |                   | 3. Date Incorporated or Qualified 12/02/1994  | 3a. Date of<br>04/                    | Last Red<br>19/199             |               |
| 2, Principal Pla                                 | ace of Business  | 2a. Mailing Address                              |                    |                   | 4. FEI Number   |                                       |                                | olied For     |
| 21   |  | 26   |                    |                   | 65-0539419  |                                       |                                | Applicable    |
| Suite, Apt. #, etc.                              |  | Suite, Apt. #, etc.                              |                    |                   | 5. Certificate of Status Desired  | \$                                    | \$8.75 Additional Fee Required |               |
| City & State                                     |  | City & State                                     | City & State       |                   | Election Campaign Financing     Trust Fund Contribution                                 | :                                     | \$5.00 May Be<br>Added to Fees |               |
| Zip  | 9  |  | Country            |                   | 8. This corporation has liability for intangible tax under s. 199.032,                  |                                       |                                |               |
| 24   | 25   | 29   | 30                 |                   | Florida Statutes Yes 2 40   |                                       |                                |               |
|  | 9. Name and Address of Curre   | ent Registered Agent                             |                    | .ar               | 10. Name and Address of New   | Hegistered Age                        | nt                             |               |
|  |  |  | 13                 | 31 Name           |   |                                       |                                |               |
| Debra,   |  |  | ļ.                 | Street A          | Address (P.O. Box Number is Not Accepta   | ıble)                                 |                                |               |
|  | KPARK CIR  |  | ļ.                 | 33                |   | <del></del>                           |                                |               |
| DAVIE FI   | L 33328  |  |                    | 93                |   |                                       |                                |               |
|  |  |  | 1                  | 34 City           |   | FI 8                                  | 5 Zip C                        | Code          |
|  |  | 00 T 4500 Florida Otto                           | the the char       | 2 000000 00       | orporation submits this statement for the p   | urnose of changin                     | na its rea                     | stered office |
| or rogister                                      | to the provisions of Sections 617.05 red agent, or both, in the State of Ficith, and accept the obligations of, Se | arida. Such chande was authori                   | ZEO DY THE CL      | orporation's      | poration sporting this statement for the p<br>board of directors. Thereby accept the ap | pointment as reg                      | istered ag                     | gent. I am    |
| SIGNATURE .                                      | Signature, typed or printed name of registered ag  | ont and title if anythoshie                      | IOTE: Registered A | gent signature re | equired when reinstalling)  | DATE                                  |                                |               |
| 12.  |  | AND DIRECTORS                                    | 13.                |                   | ADDITIONS/CHANGES TO O  |                                       |                                |               |
| TITLE  | PD   | DELETE   | 1.1 111            | LE                |   | <u> </u>                              | hange                          | Addition      |
| NAME   | STULL, BETH A  |  | 1.2 NA             | ME                |   |                                       |                                |               |
| STREET ADDRESS                                   | 12158 SOUTHWEST 51 CO  | URT  | 13 516             | REET ADDRESS      |   |                                       |                                |               |
| CITY-ST-ZIP                                      | COOPER CITY FL   |  | 1.4 GIT            | Y-ST-ZIP          |   | Z1/2 3                                | -                              |               |
| TITLE  | D  | □DELETE  | 2 1 T(T            | LE                | DM  | 1334                                  | mange                          | Addition      |
| NAME   | STULL, R. JEFFREY  |  | 2 2 NA             | ME                |   |                                       |                                |               |
| STREET ADDRESS                                   | 12158 SW 51 CT   |  | 2 3 ST             | REET ADDRESS      |   | ZIP3                                  | 332                            | `             |
| CITY-ST-ZIP                                      | COOPER CITY FL   |  |                    | TY-ST-ZIP         |   |                                       |                                | Addition      |
| TITLE  | DST  | DELETE   | . 3 1 T)T          |                   |   | L)                                    | лалус                          | Adomon        |
| NAME   | DEBRA, JACK H.   |  | 3 2 NA             |                   |   |                                       |                                |               |
| STREET ADORESS                                   | 2741 OAKPARK CIR   |  |                    | REET ADDRESS      |   | 2193                                  | 2225                           | ·             |
| CITY-ST-ZIP                                      | DAME FL  |  |                    | TY-ST-ZIP         |   |                                       |                                | Addition      |
| TITLE  |  | DELETE   | 4.1 TiT            |                   | 1   | ٠.                                    | J. Idingo                      |               |
| NAME   |  |  | 4 2 N              |                   |   |                                       |                                |               |
| STREET ADDRESS                                   |  |  |                    | REET ADDRESS      |   |                                       |                                |               |
| CITY - ST - ZIP                                  | ļ  | DELETE   |                    | ry - ST- ZIP      |   | · · · · · · · · · · · · · · · · · · · | Change                         | Addition      |
| TITLE  |  |  | 5 1 1 II           |                   |   |                                       | J-                             |               |
| NAME   |  |  |                    |                   |   |                                       |                                |               |
| STREET ADDRESS                                   |  |  |                    | REET ADDRESS      |   |                                       |                                |               |
| CITY-ST-ZIP                                      |  | DELETE   | 54 CF              | TY-ST-ZIP         |   |                                       | Change                         | Addition      |
| TITLE  |  | Morreit  | 62 N/              |                   | 5000018<br>-05/31/960   | 4635                                  | 5                              |               |
| NAME   |  |  |                    | reet address      |   | 1082019                               |                                |               |
| STREET ADDRESS                                   |  |  |                    | TY-ST-ZIP         | ***61.25  |                                       |                                |               |
| CITY-ST-ZIP                                      | he and it that the information supplies  | ad with this filing is voluntarily fo            | rnished and        | does not au       | lalify for the exemption stated in Section 1  | 19.07(3)(k), Florid                   | a Statute                      | s. I further  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under onthe that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR.

(954) 434-4869 Dayteriu Phone # CR2E037 (12/95